



THE TOWN OF ELSMERE

11 Poplar Avenue – Elsmere, DE 19805

Phone: 302-998-2215

Fax: 302-998-9920

APPLICATION FOR BUSINESS LICENSE

Business Trade Name: _____

Business Corporate Name: _____

.....

Type of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Other phone numbers you wish to provide: _____

Is the business located in the Town of Elsmere? Yes No

If so, complete additional information on the back of this form

Amount Due: *General Contractor \$100* *Sub-contractor \$75* *Other \$100*

In accordance with Ordinance 475 licensing fees are doubled if the applicant conducts business prior to obtaining license.

"I declare under penalty of making a false certificate that this return is made by me, that I am authorized to make such return and that to the best of my knowledge it is a true, correct and complete return, made in good faith for the years stated pursuant to the provisions of the License Code of the Town of Elsmere"

License application must be signed by the Business owner or authorized agent.

Applicant's Signature: X _____ Date: _____

.....

Amount Paid: \$ _____ Penalties: \$ _____ Total: \$ _____

Method of Payment: *Cash* *Check* _____ Date Received: _____ By: _____

Approved Denied Reason for Denial: _____

Code Official: _____ Date: _____ Lic. No. Issued: _____

Customer ID: _____

~~**Additional requirements on rear for businesses located in the Town of Elsmere**~~

Complete this section if your business is located in the Town of Elsmere
This is required before your license will be granted.

Is the building or premises in which the business is located:

Owned

Leased

Rented

➤ If not owned by you, who is the owner of the property?

Owner's Name: _____

Email: _____

Address: _____

Phone: _____

In accordance with the licensing provisions of *Chapter 131 Section 8 of The Town of Elsmere Code*, please list below, if applicable, the names, addresses and telephone numbers of any and all wholesalers delivering goods to your business. Not applicable for goods delivered by common carrier. Please use a separate sheet of paper if additional space is needed.

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____